

## 2010 Iowa Special Assessment Credit

This claim must be filed or mailed to your county treasurer by September 30, 2010. Iowa treasurers' addresses can be found at the Iowa Treasurers Association Web site.

Claimant's Last Name	First Name	Claimant's Social Security	Number C	laimant's Birth Date	County Number
Spouse's Last Name	First Name	Spouse's Social Security	Number	/ / onth Day Year	
Street Address	<u>'</u>				
City, State, Zip Code					
				Do not write in this	•
Were you 65 or older or totall If less than 65 and totally disa your doctor or Social Security	abled, you must pr	ovide proof of your disab	ility from	[	YES NO
"Household Income" inclu	des the income of	the claimant and the clain	nant's spous	se, if living toget	ner, and
monetary co	entributions receive	d from any other person li		e claimant. se Whole DOLL	ARS Only
1. Wages, salaries, tips, etc					1.00
2. In-kind assistance for housing expenses.					
3. Title 19 benefits (excluding medical benefits).					1:00
				$\square$	1:00
4. Social Security income.				├┤'├┤├	
5. Disability income.					$\dashv$ $\vdash$ $\vdash$ $\vdash$
6. All pensions and annuities.					1.000
7. Interest and dividend inco					00
8. Profits from businesses a	_	, •			
If less than zero, enter 0.	See instructions.				<u> </u>
9. Money received from others living with you. See instructions					
10. Other income. Read instructions before making this entry.				,	<u> </u>
11. Add lines 1-10					00
12. Medical and care expenses. See instructions				,	00
13. SUBTRACT line 12 from line 11 and enter here.				,	[0][0
If more than \$10,523, no	credit is allowed.	This is your total house	hold incom	ne.	
For Use By County Treasurer Only Installment Number: Annual Special Assessment Payment: State Reimbursement:	incurred medi the nature and	an amount on line 12 unle cal or care expenses attri d amount of each expens er penalty of perjury that	ibutable to y e included (	our disability. L	ist below
		owledge and belief, it is to			
Claimant's Signature		Date Cla	aimant's Te	lephone Numbe	r



## WHO IS ELIGIBLE:

You are eligible to claim a special assessment credit if your total household income was not more than \$10,523 and you were: (a) 65 years of age or older by December 31, 2009, or (b) totally disabled and 18 years of age or older by December 31, 2009.

Line 1: Wages, salaries, tips, etc. - Enter the total wages, salaries, tips, bonuses, and commissions received.

Line 2: In-kind assistance - Enter any portion of your housing expenses, including utilities that was paid for you. Do not enter Federal Energy Assistance

**Line 3: Title 19 benefits -** Enter your Title 19 benefits received for housing expenses. Do not include medical benefits.

**Line 4: Social Security income -** Enter the total Social Security benefits received, even if not reportable for income tax purposes. Include any Medicare premiums withheld.

**Line 5: Disability -** Enter the total received for disability or injury compensation, even if not reportable for income tax purposes.

**Line 6: All pensions and annuities -** Enter the total received from pensions and annuities, even if not reportable for income tax purposes.

Line 7: Interest and dividend income - Enter taxable interest income, plus all interest income from federal, state, and municipal securities.

Enter taxable dividends and distributions received. Include cash dividends and dividends paid in the form of merchandise or other property and report at fair market value.

Line 8: Profit from business and/or farming and capital gain - Enter profit from business and/or farming, and any gain received from the sale or exchange of capital assets. Capital losses are limited to the same amount that you are allowed to report for income tax purposes. Any loss must be offset against gain, and a net loss must be reported as zero.

**Line 9: Monetary contributions -** Enter **money** received from others living with you. Do not include goods and services received.

**Line 10: Other income -** Enter total income received from the following sources:

- (a) Child support and alimony payments.
- (b) Welfare payments. Report FIP and all other welfare program cash payments. Do not include foster grandparents' stipends or non-cash government assistance (food, clothing, food stamps, medical supplies, etc.)
- (c) Insurance income not reported elsewhere.
- (d) Gambling, unemployment, and all other income not reported elsewhere.

**Line 11: Total -** Add lines 1 through 10. Enter total here.

Line 12: Medical and care expenses - Enter all medical and necessary care expenses paid during the year which were related to your disability. These are the same as you are allowed to deduct for federal income tax.

**Line 13: Total household income -** Subtract line 12 from line 11. If more than \$10,523, no credit is allowed.

Sign, date, and enter your telephone number. Then return this claim to your county treasurer by September 30, 2010.

For Assistance:
Contact your
county treasurer.